



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of:)	
Edward R. Tanner)	
Serial No.: 10/662,731)	Group Art Unit: 3683
Filing Date: September 15, 2003)	Examiner: P. Rodriguez
Title: SELF-POWERING SHOCK, VIBRATION AND ACOUSTIC ISOLATION SYSTEM)	

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First-Class Mail in an envelope addressed to:

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on _	Novembe	er 14, 2005 .
	Date	0 2 1 1 2 1
		Hone & West St
		Signature
	_	Lorrie K. Wesolosky
		Typed or printed name of person signing Certificate

Documents being submitted with this Certificate of Mailing under 1.8 are:

- Amendment/Response to the Office Action dated July 15, 2005 under 37 C.F.R. § 1.111;
- Response Transmittal Letter;
- One-Month Extension of Time under 37 CFR 1.136(a);
- Check No. 453101 in the amount of \$120.00 for Extension of Time Fee; and
- Self addressed stamped return postcard.

HUNTON & WILLIAMS LLP Riverfront Plaza, East Tower 951 East Byrd Street Richmond, VA 23219 (804) 788-8200 (Telephone) (804) 788-8218 (Facsimile)



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RESPONSE TRANSMITTAL LETTER						
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir:						
Enclosed is a Response to the Official Action Mailed July 15, 2005 in connect	on with					
the above-identified patent application.						
[X] A petition for a One-Month Extension of Time is also enclosed.						
[] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.						
[X] No additional claim fee is required.	No additional claim fee is required.					
[] An additional claim fee is required, and is calculated as shown below:	An additional claim fee is required, and is calculated as shown below:					

	10-10-2	CLAI	MS		
	NO. OF	HIGHEST NO.	EXTRA	RATE	FEE
	CLAIMS	OF CLAIMS	CLAIMS		
1		PREVIOUSLY			
		PAID FOR			
Total Claims	12	Minus 41 =	0	x \$50.00 =	.00.
Independent	2	Minus 5 =	0	x \$200.00 =	.00
Claims					
If Amendment a	.00				
Total Amendme	.00				
If small entity st	.00				
TOTAL ADDI	\$.00				

- [] Charge \$_____ to Deposit Account No. 08-3436 for the fee due.
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- [X] Self-addressed stamped postcard.
- [X] The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 08-3436.

Date: November 14, 2005

Respectfully submitted,

Hunton & Williams LLP

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